

Index of Claims



Application No.

09/909,854

Examiner

Jennifer T Nguyen

Applicant(s)

HSU, JUI-HUNG

Art Unit

2674

✓	Rejected
=	Allowed

—	(Through numeral) Cancelled
÷	Restricted

N	Non-Elected
I	Interference

A	Appeal
O	Objected

Claim		Date									
Final	Original										
1	(1)	"	"	"	"	"	"	"	"	"	"
2	(2)	"	"	"	"	"	"	"	"	"	"
3	(3)	"	"	"	"	"	"	"	"	"	"
4	(4)	"	"	"	"	"	"	"	"	"	"
5	5	"	"	"	"	"	"	"	"	"	"
6	6	"	"	"	"	"	"	"	"	"	"
7	7	"	"	"	"	"	"	"	"	"	"
8	8	"	"	"	"	"	"	"	"	"	"
9	9	"	"	"	"	"	"	"	"	"	"
10	10	"	"	"	"	"	"	"	"	"	"
11	11	"	"	"	"	"	"	"	"	"	"
12	12	"	"	"	"	"	"	"	"	"	"
13	13	"	"	"	"	"	"	"	"	"	"
14	14	"	"	"	"	"	"	"	"	"	"
15	15	"	"	"	"	"	"	"	"	"	"
16	16	"	"	"	"	"	"	"	"	"	"
17	17	"	"	"	"	"	"	"	"	"	"
18	18	"	"	"	"	"	"	"	"	"	"
19	19	"	"	"	"	"	"	"	"	"	"
20	20	"	"	"	"	"	"	"	"	"	"
21	21	"	"	"	"	"	"	"	"	"	"
22	22	"	"	"	"	"	"	"	"	"	"
23	23	"	"	"	"	"	"	"	"	"	"
24	24	"	"	"	"	"	"	"	"	"	"
25	25	"	"	"	"	"	"	"	"	"	"
26	26	"	"	"	"	"	"	"	"	"	"
27	27	"	"	"	"	"	"	"	"	"	"
28	28	"	"	"	"	"	"	"	"	"	"
29	29	"	"	"	"	"	"	"	"	"	"
30	30	"	"	"	"	"	"	"	"	"	"
31	31	"	"	"	"	"	"	"	"	"	"
32	32	"	"	"	"	"	"	"	"	"	"
33	33	"	"	"	"	"	"	"	"	"	"
34	34	"	"	"	"	"	"	"	"	"	"
35	35	"	"	"	"	"	"	"	"	"	"
36	36	"	"	"	"	"	"	"	"	"	"
37	37	"	"	"	"	"	"	"	"	"	"
38	38	"	"	"	"	"	"	"	"	"	"
39	39	"	"	"	"	"	"	"	"	"	"
40	40	"	"	"	"	"	"	"	"	"	"
41	41	"	"	"	"	"	"	"	"	"	"
42	42	"	"	"	"	"	"	"	"	"	"
43	43	"	"	"	"	"	"	"	"	"	"
44	44	"	"	"	"	"	"	"	"	"	"
45	45	"	"	"	"	"	"	"	"	"	"
46	46	"	"	"	"	"	"	"	"	"	"
47	47	"	"	"	"	"	"	"	"	"	"
48	48	"	"	"	"	"	"	"	"	"	"
49	49	"	"	"	"	"	"	"	"	"	"
50	50	"	"	"	"	"	"	"	"	"	"

Claim		Date									
Final	Original										
51	51	"	"	"	"	"	"	"	"	"	"
52	52	"	"	"	"	"	"	"	"	"	"
53	53	"	"	"	"	"	"	"	"	"	"
54	54	"	"	"	"	"	"	"	"	"	"
55	55	"	"	"	"	"	"	"	"	"	"
56	56	"	"	"	"	"	"	"	"	"	"
57	57	"	"	"	"	"	"	"	"	"	"
58	58	"	"	"	"	"	"	"	"	"	"
59	59	"	"	"	"	"	"	"	"	"	"
60	60	"	"	"	"	"	"	"	"	"	"
61	61	"	"	"	"	"	"	"	"	"	"
62	62	"	"	"	"	"	"	"	"	"	"
63	63	"	"	"	"	"	"	"	"	"	"
64	64	"	"	"	"	"	"	"	"	"	"
65	65	"	"	"	"	"	"	"	"	"	"
66	66	"	"	"	"	"	"	"	"	"	"
67	67	"	"	"	"	"	"	"	"	"	"
68	68	"	"	"	"	"	"	"	"	"	"
69	69	"	"	"	"	"	"	"	"	"	"
70	70	"	"	"	"	"	"	"	"	"	"
71	71	"	"	"	"	"	"	"	"	"	"
72	72	"	"	"	"	"	"	"	"	"	"
73	73	"	"	"	"	"	"	"	"	"	"
74	74	"	"	"	"	"	"	"	"	"	"
75	75	"	"	"	"	"	"	"	"	"	"
76	76	"	"	"	"	"	"	"	"	"	"
77	77	"	"	"	"	"	"	"	"	"	"
78	78	"	"	"	"	"	"	"	"	"	"
79	79	"	"	"	"	"	"	"	"	"	"
80	80	"	"	"	"	"	"	"	"	"	"
81	81	"	"	"	"	"	"	"	"	"	"
82	82	"	"	"	"	"	"	"	"	"	"
83	83	"	"	"	"	"	"	"	"	"	"
84	84	"	"	"	"	"	"	"	"	"	"
85	85	"	"	"	"	"	"	"	"	"	"
86	86	"	"	"	"	"	"	"	"	"	"
87	87	"	"	"	"	"	"	"	"	"	"
88	88	"	"	"	"	"	"	"	"	"	"
89	89	"	"	"	"	"	"	"	"	"	"
90	90	"	"	"	"	"	"	"	"	"	"
91	91	"	"	"	"	"	"	"	"	"	"
92	92	"	"	"	"	"	"	"	"	"	"
93	93	"	"	"	"	"	"	"	"	"	"
94	94	"	"	"	"	"	"	"	"	"	"
95	95	"	"	"	"	"	"	"	"	"	"
96	96	"	"	"	"	"	"	"	"	"	"
97	97	"	"	"	"	"	"	"	"	"	"
98	98	"	"	"	"	"	"	"	"	"	"
99	99	"	"	"	"	"	"	"	"	"	"
100	100	"	"	"	"	"	"	"	"	"	"

Claim		Date									
Final	Original										
101	101	"	"	"	"	"	"	"	"	"	"
102	102	"	"	"	"	"	"	"	"	"	"
103	103	"	"	"	"	"	"	"	"	"	"
104	104	"	"	"	"	"	"	"	"	"	"
105	105	"	"	"	"	"	"	"	"	"	"
106	106	"	"	"	"	"	"	"	"	"	"
107	107	"	"	"	"	"	"	"	"	"	"
108	108	"	"	"	"	"	"	"	"	"	"
109	109	"	"	"	"	"	"	"	"	"	"
110	110	"	"	"	"	"	"	"	"	"	"
111	111	"	"	"	"	"	"	"	"	"	"
112	112	"	"	"	"	"	"	"	"	"	"
113	113	"	"	"	"	"	"	"	"	"	"
114	114	"	"	"	"	"	"	"	"	"	"
115	115	"	"	"	"	"	"	"	"	"	"
116	116	"	"	"	"	"	"	"	"	"	"
117	117	"	"	"	"	"	"	"	"	"	"
118	118	"	"	"	"	"	"	"	"	"	"
119	119	"	"	"	"	"	"	"	"	"	"
120	120	"	"	"	"	"	"	"	"	"	"
121	121	"	"	"	"	"	"	"	"	"	"
122	122	"	"	"	"	"	"	"	"	"	"
123	123	"	"	"	"	"	"	"	"	"	"
124	124	"	"	"	"	"	"	"	"	"	"
125	125	"	"	"	"	"	"	"	"	"	"
126	126	"	"	"	"	"	"	"	"	"	"
127	127	"	"	"	"	"	"	"	"	"	"
128	128	"	"	"	"	"	"	"	"	"	"
129	129	"	"	"	"	"	"	"	"	"	"
130	130	"	"	"	"	"	"	"	"	"	"
131	131	"	"	"	"	"	"	"	"	"	"
132	132	"	"	"	"	"	"	"	"	"	"
133	133	"	"	"	"	"	"	"	"	"	"
134	134	"	"	"	"	"	"	"	"	"	"
135	135	"	"	"	"	"	"	"	"	"	"
136	136	"	"	"	"	"	"	"	"	"	"
137	137	"	"	"	"	"	"	"	"	"	"
138	138	"	"	"	"	"	"	"	"	"	"
139	139	"	"	"	"	"	"	"	"	"	"
140	140	"	"	"	"	"	"	"	"	"	"
141	141	"	"	"	"	"	"	"	"	"	"
142	142	"	"	"	"	"	"	"	"	"	"
143	143	"	"	"	"	"	"	"	"	"	"
144	144	"	"	"	"	"	"	"	"	"	"
145	145	"	"	"	"	"	"	"	"	"	"
146	146	"	"	"	"	"	"	"	"	"	"
147	147	"	"	"	"	"	"	"	"	"	"
148	148	"	"	"	"	"	"	"	"	"	"
149	149	"	"	"	"	"	"	"	"	"	"
150	150	"	"	"	"	"	"	"	"	"	"